

OMARNG PROJECT REQUEST Proponent is NGB-ARI.		DATE _____	
FY _____			
1. PROJECT		2. PROJECT NUMBER	
3. LOCATION (City and State)		4. INSTALLATION (Name and Number)	
5. CRITERIA:		Exception to Criteria (justification in block 10)	
6. PROGRAM OF PROJECT Sustainment Restoration Modernization Demolition	9. PROJECT DESCRIPTION: (Include single line drawing; use reverse if necessary)		
7. ACTIVITY OF PROJECT Maintenance Repair Construction Demolition			
8. FISP DATA Facility _____ Support Code _____ Cat. Code _____ Type Facility _____			
11. TO BE ACCOMPLISHED BY: Contract Training Project Time and Materials Gvt. Furnished			
12. ESTIMATED COST Federal _____ State _____ Other _____ See back page for details and cost estimation.	10. JUSTIFICATION: (Use reverse side if necessary)		
13. AMSCO			
14. This project qualifies does not qualify for a categorical exclusion IAW AR 200-2 Environmental Effects of Army Action. A record of Environmental Consideration is not required is attached.			
NAME	GRADE	EPS (only)	SIGNATURE
15. SUPPLEMENTAL CERTIFICATION: (Optional)			
NAME	GRADE	TITLE	SIGNATURE
16. CERTIFICATION: I certify that all entries are accurate and complete and that all Federal, State, and local statutory requirements			
NAME	GRADE	CFMO (only)	SIGNATURE
17. USPFO APPROVAL:			
NAME	GRADE	USPFO (only)	SIGNATURE

9. PROJECT DESCRIPTION: (continued)

10. JUSTIFICATION: (continued)